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**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

☒ Declaration Submitted with Initial Filing      OR      ☐ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number **AL-03-01**First Named Inventor **Arlethia Little et al****COMPLETE IF KNOWN**Application Number **/**

Filing Date

Group Art Unit

Examiner Name

**As a below named inventor, I hereby declare that:**

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**Portable Self Heating Cooking Utensil**

(Title of the Invention)

the specification of which

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY)  as United States Application Number or PCT InternationalApplication Number  and was amended on (MM/DD/YYYY)  (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

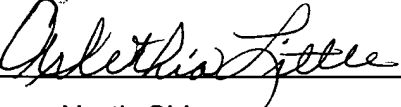
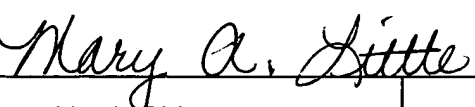
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

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## DECLARATION — Utility or Design Patent Application

Direct all correspondence to: <input type="checkbox"/> Customer Number <input type="text"/> or Bar Code Label		OR <input checked="" type="checkbox"/> Correspondence address below	
Name <b>Edmond S. Miksch</b>			
Address <b>C/O The Inventors Network, Inc. 332 Academy Street</b>			
City <b>Carnegie</b>		State <b>Pennsylvania</b>	ZIP <b>15106</b>
Country <b>United States of America</b>	Telephone <b>412-278-0607</b>		Fax <b>412-278-1693</b>
<small>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.</small>			
NAME OF SOLE OR FIRST INVENTOR :		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) <b>Arlethia</b>		Family Name or Surname <b>Little</b>	
Inventor's Signature 		Date <b>10-20-03</b>	
Residence: City <b>North Chicago</b>	State <b>IL</b>	Country <b>US</b>	Citizenship <b>UNITED STATES</b>
Mailing Address <b>PO Box 524</b>			
City <b>North Chicago</b>	State <b>IL</b>	ZIP <b>60064</b>	Country <b>UNITED STATES</b>
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) <b>Mary Ann</b>		Family Name or Surname <b>Little</b>	
Inventor's Signature 		Date <b>10-20-03</b>	
Residence: City <b>North Chicago</b>	State <b>IL</b>	Country <b>US</b>	Citizenship <b>UNITED STATES</b>
Mailing Address <b>PO Box 524</b>			
City <b>North Chicago</b>	State <b>IL</b>	ZIP <b>60064</b>	Country <b>UNITED STATES</b>
<input type="checkbox"/> Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.			

Please type a plus sign (+) inside this box → ☐

PTO/SB/81 (02-01)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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## POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	
Filing Date	
First Named Inventor	Arlethia Little et al
Title	PORTABLE Self Heating Cooking Utensil
Group Art Unit	
Examiner Name	
Attorney Docket Number	

I hereby appoint:

☐ Practitioners at Customer Number  →

Place Customer  
Number Bar Code  
Label here

☒ Practitioner(s) named below:

Name	Registration Number
Edmond S. Miksch	38,558

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☐ The above-mentioned Customer Number.

OR

☐ Practitioners at Customer Number  →

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Number Bar Code  
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OR

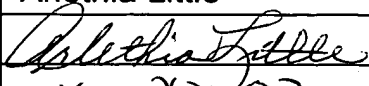
<input checked="" type="checkbox"/> Firm or Individual Name	EDMOND S. MIKSCH				
Address	C/O The Inventors Network, Inc.				
Address	332 Academy Street				
City	Carnegie	State	PA	Zip	15106
Country	United States of America				
Telephone	412-278-0607	Fax	412-278-1693		

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

### SIGNATURE of Applicant or Assignee of Record

Name	Arlethia Little
Signature	
Date	10-20-03

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☒ \*Total of ONE forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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Application Number	
Filing Date	
First Named Inventor	Arlethia Little et al
Title	Self Heating Cooking Utensil
Group Art Unit	
Examiner Name	
Attorney Docket Number	

I hereby appoint:

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Number Bar Code  
Label here

☒ Practitioner(s) named below:

Name	Registration Number
Edmond S. Miksch	38,558

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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☐ The above-mentioned Customer Number.

OR

☐ Practitioners at Customer Number  →

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OR

<input checked="" type="checkbox"/> Firm or Individual Name	EDMOND S. MIKSCH				
Address	C/O The Inventors Network, Inc.				
Address	332 Academy Street				
City	Carnegie	State	PA	Zip	15106
Country	United States of America				
Telephone	412-278-0607	Fax	412-278-1693		

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

### SIGNATURE of Applicant or Assignee of Record

Name	Mary Ann Little
Signature	<i>Mary Ann Little</i>
Date	10-20-03

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

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## INSTRUCTION AUTHORIZATION

Address to:  
Assistant Commissioner for Patents  
Washington, D.C. 20231

Application Number

Filing Date

First Named Inventor

Arlethia Little et al

Group Art Unit

Examiner Name

Attorney Docket Number

The undersigned hereby authorizes the practitioner(s) named herein to accept and follow instructions from DAVID P. GAUDIO, ESQUIRE

as to any action to be taken in the United States Patent and Trademark Office regarding the above-identified application without direct contact between the practitioner(s) named herein and the undersigned. In the event of a change in the persons from whom instructions may be taken, the practitioner(s) named herein will be so notified by the undersigned.

☐ Practitioner(s) at Customer Number   →

*Place Customer Number  
Bar Code Label here*

OR

☒ Practitioner(s) named below:

Name	Registration Number
Edmond S. Miksch	38,558

*This is not a Power of Attorney to the above-named practitioner(s). If appropriate, a separate Power of Attorney to the above-named practitioners should be executed and filed in the United States Patent and Trademark Office.*

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
*Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).*

### SIGNATURE of Applicant or Assignee of Record

Name	Mary Ann Little
Signature	<i>Mary Ann Little</i>
Date	10-20-03

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☒ \*Total of ONE forms are submitted.

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